

JEJUNOSTOMY AND JEJUNO-COLOSTOMY.

SIR,—Mr. Victor Bonney's achievement in saving by jejunostomy the lives of six patients with obstruction from pelvic or general peritonitis demands, and will receive, general recognition.

Yet the treatment by jejunostomy, however successful, is in my opinion far from ideal. Mr. Bonney says, in his letter of April 11th:

Mr. Handley suggests jejuno-colostomy and caecostomy, which is in effect a jejunostomy, with the difference that the drainage from the jejunum takes a course through a segment of the large intestine instead of reaching the exterior direct.

In reply to this let me quote Mr. Bonney himself (BRITISH MEDICAL JOURNAL, April 22nd, 1916) on jejunostomy:

At the end of a week or ten days closure of the jejunal opening has to be undertaken. As by this time the skin is very red and excoriated around the opening, the preparation of the operation area should be limited to the application of iodine solution on the table. It is no use attempting a paring operation: the whole opening must be removed, the bowel sutured end to end, and the abdominal wound separately closed.

In contrast to this severe procedure, a caecostomy will usually close spontaneously. Moreover, jejunostomy is an unphysiological operation, which is not consistent with the indefinite prolongation of life. It impairs the patient's nutrition, and must therefore lessen his resisting power, and in really severe infections his chance of recovery. I have not been able to verify Mr. Bonney's three zones of intestine: (a) A collapsed portion; (b) a portion above it much distended by gas but containing no fluid matter; (c) a portion above that, distended with gas and fluid matter, which must be drained by a jejunostomy. What I have observed is paralysis of the intestines, usually accompanied by collapse, up to a varying horizontal level in the abdomen. Above this level the small intestine is distended but not paralysed, and here, as I have shown, a physiologically complete and functionally active intestinal canal can be improvised.

I have compared this policy to that strategic retirement upwards to the first floor which is necessary when a house is invaded by a flood. I would compare Mr. Bonney's policy of jejunostomy to a retreat to the roof, involving unnecessary discomfort and bringing dangers of its own.—I am etc.,

London, W., April 24th.

W. SAMPSON HANDLEY.

THE INCREASED MOTOR LICENCES.

SIR,—May I be allowed, on behalf of the very large number of medical owners of Ford cars, briefly to criticize the article by Mr. H. Massac Buist in your issue of April 15th, 1916? He recognizes, as must every one, that the new motor taxes are so arranged that Ford owners will stand in a class apart. They will pay an annual tax of 18 guineas on a car which cost them (in all cases except the few which have been bought since the importation duties increased the price) from £115 to £125.

When this is compared with the tax paid by the owner of the average English car, say a Sunbeam or a Vulcan, who will pay only 8 guineas on a car which costs £400 to £500, the difference is so startling that Mr. Buist feels bound to offer some explanation. As all such imports are now stopped, it cannot be said that the intention is to prevent the public from buying American cars; it is only the present owners who are sacrificed, so the explanation offered is that the new tax will assist the mechanical development of the motor. The old "long-stroke *versus* short-stroke" controversy is raked up; but let us look the facts in the face. The Ford car is cheaper to buy, and cheaper to run, than any English car of similar size, power, and degree of comfort. Why? Not because the American has stuck to the same relatively large bore all the time, and twiddled his thumbs, as Mr. Buist implies; but because he has found that with the short-stroke, low-compression engine, though theoretically less efficient, there is so much less stress upon the parts of the engine and chassis that it is possible to turn out a car with much lighter parts than with the long-stroke, high-compression engine.

So much so, that the slight theoretical relative inefficiency is much more than compensated by the lightness

of the car both in transmission and framework. This also makes for cheapness of manufacture, which is assisted by standardization, a word which is not yet in the vocabulary of the English maker. To mention a few of the chief reasons why Fords are so much cheaper to run: They are (1) economical of petrol, because they are so light that the slightly less efficient engine is rarely working at more than a quarter throttle; (2) economical of tyres, for the same reason, and also because the lower compression gives less "kick"; (3) economical of oil, because of the efficient yet cheap oiling system; (4) immensely more economical in repairs, because of the standardization and accessibility of parts, which ensure that any part can be replaced easily, at a moment's notice, anywhere. Furthermore, Mr. Buist states that Americans are beginning to copy from us the long-stroke motor. This is merely a question of the adoption or rejection of a principle of debatable value, which has been recognized from the beginnings of motor engineering—for example, the original Ford model had a long-stroke (horizontally-opposed) engine. But when he says that "this type of motor has contributed nothing to the world's knowledge," etc., he is, in my opinion, mistaken, for if any type has been a pioneer this one has. Its system of detachable cylinder-head and crank-chamber base, of transmission, of suspension, of steering, of ignition, of lubrication, are every one original, and have many of them since been copied by English makers. The Ford owner did not buy his car because he was a fool, but because he wished to get the best value for his money; and it seems hard that he should now have to pay so very much more than his share of the motor taxes just because he exercised his common sense and powers of observation.

In conclusion, I think I shall be fairly representing the medical Ford owners when I say that we do not object to the tax because of its size. We only pay half what the layman pays, and in any case it all goes towards killing Germans. But we do object to having to pay more than twice as much tax as another man who could afford to buy a car which cost four times as much as ours.—I am, etc.,

York, April 15th.

J. C. LYTH, M.B.

SIR,—Mr. Massac Buist says Mr. McKenna is treating the profession with fairness and understanding! If so, why should a doctor have to pay nine guineas tax on a Ford car whilst tradesmen, poultry and rabbit merchants, etc., drive Ford cars and lorries and pay no tax? Surely "utility" motor vehicles should bear the burden of taxation as well as the unfortunate medical man.—I am, etc.,

North Molton, April 19th.

F. C. J. BAKER.

SIR,—I think Mr. Massac Buist's article on motor cars for medical men should not be allowed to pass without comment.

The majority of the profession are not men of large capital, and it is therefore in most cases compulsory to buy the cheapest car that will suit their purpose, hence many like myself own American cars.

It so happens that I am able to make an illustrative comparison. A colleague who had more capital to lay out has

A foreign-made 12 to 14-h.p. car, cost £350; I have a Studebaker 20-h.p. car, cost £200.

In one case £350 goes out of the country, in the other £200 goes out of the country.

Our running expenses are practically the same. His tax was £2 2s., is now £4 4s.; mine was £3 3s., is now £9 9s.

Why should I be penalized for keeping £150 in the country?—I am, etc.,

Epsom, April 25th.

E. C. DANIEL.

DR. HERBERT WILLIAMS, Medical Officer of the Port of London, left estate of the value of £7,363.

THE fourth annual meeting of the American Association of Anaesthetists will be held on June 12th at Detroit, Michigan. Among the communications promised is a report by Dr. George W. Crile of an experimental research into nitrous oxide and ether, with special reference to (a) certain effects on the organs of the body, (b) certain relations to normal sleep and certain relations to infection.